

Purpose Designed to evaluate overall daytime sleepiness, the questionnaire asks respondents to rate how likely they are to fall asleep in eight different situations. Each circumstance represents a moment of relative inactivity, from lying down for a nap in the afternoon to sitting in a car stopped in traffic. The scale may be indicated for use in research as well as for clinicians requiring an efficient screening device for daytime sleepiness.

Population for Testing The scale has been validated with a population of adults with ages ranging from 18 to 78 years.

Administration A brief, pencil-and-paper self-report measure, the questionnaire should require approximately 2–5 min for completion.

Reliability and Validity The scale's psychometric properties were evaluated initially in a study by Johns [2]. When compared to the results of two other tests measuring daytime sleepiness

[1], the ESS had a sensitivity of .94 and a specificity of 1.00.

Obtaining a Copy The scale is under copyright. The official website for this scale is www.epworthsleepinessscale.com.

Direct correspondence to:
Dr. Murray W. Johns,
Sleep Disorders Unit, Epworth Hospital
Melbourne, Victoria 3121
Australia

Scoring Using a scale of 0–3 (with 0 meaning “would *never* doze” and 3 meaning “*high* chance of dozing”), respondents rate their likelihood of falling asleep in a variety of situations. Total scores can range from 0 to 24. In terms of interpreting results, Johns and Hocking [3] have found a mean score of 4.6 ± 2.8 SD in normal participants. Thus, Johns [1] suggests a cutoff score 10 for identifying daytime sleepiness at a potentially clinical level.

Epworth Sleepiness Scale

Name: _____ Today's date: _____

Your age (Yrs): _____ Your sex (Male = M, Female = F): _____

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

- 0 = would **never** doze
- 1 = **slight chance** of dozing
- 2 = **moderate chance** of dozing
- 3 = **high chance** of dozing

It is important that you answer each question as best you can.

Situation	Chance of Dozing (0-3)
Sitting and reading _____	_____
Watching TV _____	_____
Sitting, inactive in a public place (e.g. a theatre or a meeting) _____	_____
As a passenger in a car for an hour without a break _____	_____
Lying down to rest in the afternoon when circumstances permit _____	_____
Sitting and talking to someone _____	_____
Sitting quietly after a lunch without alcohol _____	_____
In a car, while stopped for a few minutes in the traffic _____	_____

THANK YOU FOR YOUR COOPERATION

© M.W. Johns 1990-97

Copyright © Murray Johns 1990-1997. Reprinted with kind permission from Murray Johns. This scale is under copyright and reproduction without the written consent of Dr. Johns is strictly prohibited. For more information, please go to the official ESS website www.epworthsleepinessscale.com

References

1. Johns, M. W. (2000). "Sensitivity and specificity of the multiple sleep latency test (MSLT), the maintenance of wakefulness test and the Epworth sleepiness scale: Failure of the MSLT as a gold standard." *Journal of Sleep Research*, 9, 5–11.
2. Johns, M. W. (1991). "A new method for measuring daytime sleepiness: the Epworth sleepiness scale." *Sleep*, 14(6), 540–545.
3. Johns, M. W. & Hocking, B. (1997). Daytime sleepiness and sleep habits of Australian workers. *Sleep*, 20, 844–849.

Representative Studies Using Scale

- Choi, J. B., Nelesen, R., Lored, J. S., Mills, P. J., Ancoli-Israel, S., Ziegler, M. G., & Dimsdale, J. E. (2006). Sleepiness in obstructive sleep apnea: a harbinger of impaired cardiac function? *Sleep*, 29(12), 1531–1536.
- Arzt, M., Young, T., Finn, L., Skatrud, J. B., Clodagh, M. R., Newton, G. E., Mak, S., Parker, J. D., Floras, J. S., & Bradley, T. D. (2006). Sleepiness and sleep in patients with both systolic heart failure and obstructive sleep apnea. *Archives of Internal Medicine*, 166(16), 1716–1722.